## ADHS School <u>Tenth Grade</u> Immunization Data Report (IDR): Due November 15, 2008

School Name:		Type of School: Public □ Private □ Charte	er 🗆	Date of Report:
Mailing Address, City, Zip:		Phone:		County:
Contact Person's Name:		Fax:  Circle the best description of the contact person: School Nurse Health Aide Office Staff Principal		
E-Mail Address:		Other:		
Principal's Name:		Does this school have a kindergarten? Yes □ No □ Does this school have a 6th grade? Yes □ No □		
Tenth Grade Only	Number	Acti	ion Required	
How many students are enrolled in Tenth grade?				
How many students have an immunization record <b>OR</b> a valid exemption on file?		Require proof of immunization or an exemption for school entry.		
3. Tdap/Td Booster		Tdap is recommended when 5 years have passed since the student's last dose of DTaP/DTP/Td. It is required when 10 years have passed since the student's last DTaP/DTP/Td dose.		
How many students have received 1 dose of Tdap?		Meets the requirements.		
How many students received a Td dose less than10 years ago?		Meets the requirements.		
How many students have <u>not</u> received a Td or Tdap booster?		Does not meet requirements for students who had their last tetanus/diphtheria dose 10 or more years ago.		
TOTAL (must equal number enrolled, see #1)				
How many students did not receive Tdap or Td booster     because it has been less than 10 years since their last		Meets the requirements until 10 years have passed since the last tetanus/diphtheria.		
5. Meningococcal (MV or MCV)		MV/MCV is <u>recommended</u> , buthis year.	ut not required	for 10 <sup>th</sup> grade students
How many students have received 1 dose of MV or MCV?				
How many students have not received 1 dose of MV or MCV?				
TOTAL (must equal number enrolled, see #1)				
6. MMR				
How many students have 2 doses?		Meets the requirements. Bot age or later.		
How many students have less than 2 doses?		Does not meet requirements. MMR #2 is required if 4 weeks have passed since MMR #1 was given.		
TOTAL (must equal number enrolled, see #1)				
7. Hepatitis B				
How many students have received either 3 doses of Hepatitis B, <b>OR</b> have completed the 2-dose adolescent Hep B series given only to 11-15 year olds?		Meets the requirements.		
How many students have <u>NOT</u> received 3 doses of Hepatitis B Vaccine, <b>OR</b> completed the 2-dose adolescent Hep B series.		Does not meet requirements. Hep B 2 is required 1 month after Hep B #1. Hep B #3 is required 5 months after Hep B #2.		
TOTAL (must equal number enrolled, see #1)				
8. Varicella (chicken pox)				
How many students have history of chicken pox disease <b>OR</b> have received Varicella vaccine <b>OR</b> have both?		Meets the requirements.		
How many students have no history of chicken pox <u>and</u> no Varicella vaccine doses?		Does not meet requirements. attendance.	. Varicella vac	cination is required for
TOTAL (must equal number enrolled, see #1)				
9. Exemptions:	Number o	f Permanent Exemptions	Number of Te	mporary Exemptions
How many have a Personal Beliefs exemption? (Indicate if exemption is limited to specific vaccine types)				
How many have a Medical exemption? (Indicate if exemption is limited to specific vaccine types)				
How many have Laboratory Evidence of Immunity? (Indicate specific vaccine(s) not needed due to lab evidence)				

Important Note: The students listed on rows where red text appears in the Action Required column do not meet the requirements.

## **Tenth Grade Immunization Data Report (IDR) Instructions**

All public, private and charter schools must submit an IDR on children enrolled in preschool, pre-K, Kindergarten, 6th and 10<sup>th</sup> grades by November 15th each year. Use this form for <u>10<sup>th</sup> Grade only</u>. Forms for the other age/grade levels are available at <a href="http://www.azdhs.gov/phs/immun/idr\_forms.htm">http://www.azdhs.gov/phs/immun/idr\_forms.htm</a>.

- Step 1: Identify your school by completing all areas at the top of the form.
- **Step 2**: Answer questions 1 and 2 by counting how many 10th grade students are enrolled (#1), how many have an immunization record and/or a valid exemption on file (#2).
- Step 3: Answer questions 3 and 4 regarding the Tdap or Td booster.

**Step 4:** Answer questions 5 through 9 by counting how many doses of each vaccine your 10th grade students have on their records. See example below showing a school where 97 Tenth grade students are enrolled. Note that each student will fit into one of the categories listed by having either 2 doses or less than 2 doses of MMR. When added together these numbers equal the total number enrolled.

**EXAMPLE:** 97 Tenth grade students are enrolled. 80 meet the requirement for MMR with 2 doses. 17 students have fewer than 2 doses. The red text in the "Action Required" column shows that the school must take action to ensure that all students meet the requirements. 80+17 = 97, the total number of students in attendance.

6. MMR	Number	Action Required
How many students have 2 doses?	80	Meets the requirements. Both doses must be given at 12 months of age or later.
How many students have less than 2 doses?	17	Does not meet requirements. 2 doses are required.
TOTAL (must equal number enrolled, see #1)	97	

**Step 5:** Answer question 10 by listing all Tenth grade students as either having history of chicken pox, proof of Varicella vaccination or both vaccination and chicken pox history, <u>OR</u>, no history or chicken pox and no proof of varicella vaccination.

**Step 6:** Answer question 11 by listing how many students have a valid school exemption form on file. List the number and type(s) of exemptions in the rows of this section. <u>See example below</u>:

## **EXAMPLE:**

1 student has a temporary medical exemption for MMR only. 2 students have permanent personal beliefs exemptions for all vaccines. 1 student has a personal beliefs exemption for Hepatitis B.

9. Exemptions:	Number of Permanent Exemptions	Number of Temporary Exemptions
How many have a Personal Beliefs exemption? (Indicate if exemption is limited to specific vaccine types)	2 all vaccines, 1 Hep B only	
How many have a Medical exemption? (Indicate if exemption is limited to specific vaccine types)		1 MMR only
How many have Laboratory Evidence of Immunity? (Indicate specific vaccine(s) not needed due to lab evidence)		

**Step 7:** Complete all "**Action Required**" by sending a "**Referral Notice of Inadequate Immunization**" to the parent/guardian of each child who needs additional immunizations. Require proof of immunization each time a student is due for another vaccine dose. Track the students who need additional doses.

Step 8: Count the number of Tenth grade students who are not fully immunized. Check to see how many students who are not exempt need additional doses of any vaccine. If more than 5% of the non-exempt students in Tenth grade still need one or more doses of any one vaccine type, the enclosed "IDR Update" form must be submitted no later than January 31, 2009.

To determine the percent of students out of compliance for any vaccine type, follow these steps:

- 1. Count the number of students who lack the required number of doses. In the sample above, 17 students lack 2 doses of MMR.
- 2. Subtract the students with exemptions from the number of students out of compliance. 17 students minus 3 with exemptions equals 14 non-exempt students who lack the required number of MMR doses.
- 3. Subtract the students with an MMR or all-vaccine exemption from the total number of students. 97 students minus 3 MMR exemptions equals 94 students who are not exempt from the MMR requirement.
- 4. Divide the total number of non-exempt students by the number of non-exempt students who lack 2 doses of MMR. 14 divided by 94 = .15 = 15% of non-exempt students missing the required number of MMR doses.
- Repeat this process with each vaccine type.
- 6. If 5% or more of Tenth grade students are missing any one vaccine type, the update form is required by January 31, 2009.

Step 9: Check the form carefully to ensure all areas have been completed. Make a copy of the form and keep it for your records. Mail the original form by November 15, 2008.

Mail the report to:

Pima County Immunization Program Office 3950 S Country Club, Suite 1365D Tucson AZ 85714-2056